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AUTHOR LaBonte, Karen
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ABSTRACT

Since exploration of thoughts, feelings, attitudes, opinions, and beliefs about Acquired Immune Deficiency Syndrome (AIDS) is crucial to teenagers' ability to develop healthy attitudes and behaviors, and since the language arts classroom is a natural arena for such exploration, this sourcebook presents ideas on how to bring this kind of discussion about AIDS into the 11th- and 12th-grade language arts classroom while continuing to focus on reading, writing, and speaking skills. The sourcebook contains eight major activities (each including an overview, objectives, follow-up assignments, and comments) which can be adapted to an individual teacher's needs or interests and the particular classroom situation. Following an introduction, the eight activities in the sourcebook are as follows: (1) "The News Journal: Making Current Events Real," and an example of scheduling; (2) "The Ad Campaign"; (3) "You and Your Community: An Interview"; (4) "The Message in the Media"; (5) "Writing a Poem or Song"; (6) "Writing a Short Story or One Act Play"; (7) "AIDS and Literature"; and (8) "HIV/AIDS and the Writing RCT" (the Regents' Competency Test's written form deals with the writing of a business letter, a report, and a composition). Appendixes contain a student handout on what high school juniors and seniors need to know about HIV/AIDS; an AIDS myth-fact sheet; current information on HIV infection, for teachers; a compendium of teacher vocabulary; a list of New York State regional AIDS education training centers; and a bibliography of books and information sources. (SR)

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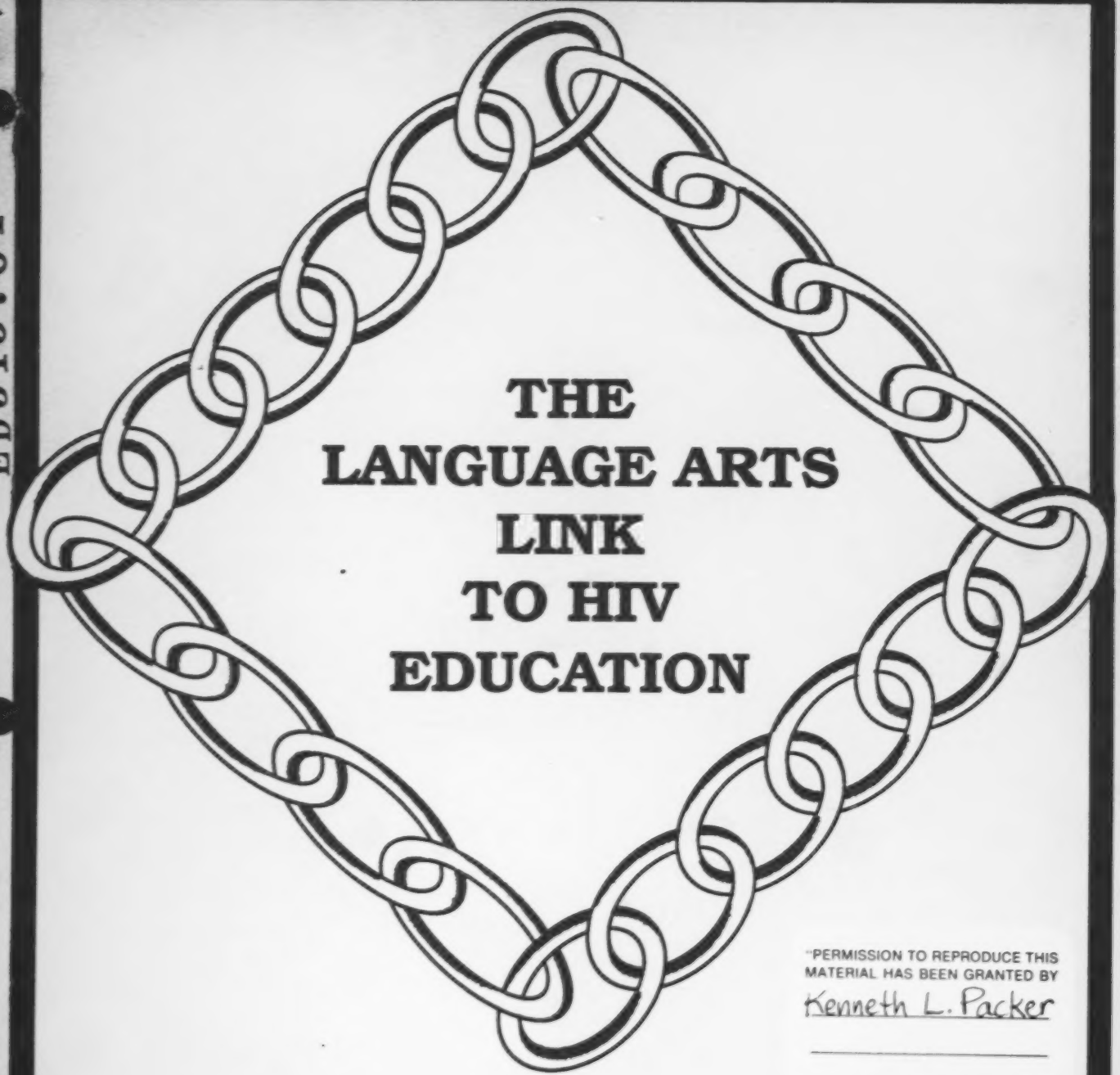

THE LANGUAGE ARTS LINK TO HIV EDUCATION

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A Sourcebook for HIV/AIDS Education in the English Classroom

Grades 11 - 12

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THE LANGUAGE ARTS LINK
A Sourcebook for HIV/AIDS Education in the English Classroom
Grades 11-12

Prepared by

The Regional Health Education Center

in conjunction with

The Center for Education Services and Research

Putnam-Northern Westchester Board of Cooperative Educational Services

Dr. John Battles, Superintendent

Regional AIDS Education Coordinator
Kenneth L. Packer

Health Education Assistant
Kate L. Lampel

CESAR Director
William B. Grogan

Curriculum Associate
Leslie Anderson

Developed, written and edited by Karen LaBonte

Graphic Design by Judy Kreitzer

September, 1989

Project Advisors

Richard Cattabiani
English Teacher
New Paltz High School
Ulster County

Fred Goldberg
English Department Head
New Rochelle High School
Westchester County

JoAnn Haberli
English Teacher
Delaware Valley High School
Sullivan County

Christine Markham
English Department Chair
Clarkstown High School North
Rockland County

BOCES Board Members 1988-89

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Arlyne B. Berkman

Nan Banks

Raymond S. Jones, Sr.

Joanne M. Garrity

Putnam-Northern Westchester
Regional Health Education Center
Participating Counties

Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester

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Young People and HIV Infection/AIDS

"AIDS: the plague of the twentieth century"
"AIDS is a virus"
"AIDS is the wrath of God"
"You can't get AIDS unless you're gay"
"The incidence of AIDS in the heterosexual community is rising dramatically"

AIDS is not only one of the most frightening diseases the human race has faced, it is also one of the most confusing. Almost daily, rumors and headlines like the ones above seem to contradict themselves. And because new information about AIDS arises almost daily, it can be just too much for young people to keep track of, let alone apply to their own lives.

For teenagers in 11th and 12th grade, AIDS can also be just one more invisible pressure in the list of pressures to cope with. Nuclear war, environmental disaster, drugs, divorce, suicide--many teenagers confront aspects of these issues daily. It's a daunting list to consider. Add to that the day-to-day concerns of a junior or senior in high school, such as SAT's, jobs, plans for the future, decisions about sexuality, etc. and it's not surprising to hear that many young people don't see AIDS as something that relates to them.

The easiest way for teenagers to deal with something as uncertain and frightening as AIDS is to deny it. "I won't ever shoot drugs;" "I would never have sex with someone who has HIV infection;" "It won't happen to me;" "AIDS? It doesn't have anything to do with me. Let's change the subject."

But when students have the chance to talk honestly about many aspects of HIV infection, their questions are hard and realistic. A tone of restrained fear often permeates the discussion as the realization sinks in: AIDS is real and scary and it's not going away. Because their young adult and adult lives will probably be touched by HIV/AIDS in some way, students must not only learn to cope with that reality, but also must develop a way of life that minimizes their risk of contracting the disease.

Developing Lifestyles that Avoid the Risk of HIV Infection

The New York State Education Department's curriculum goal is for students to develop lifestyles and behaviors that don't put them at risk for developing HIV infection. But it's clear, healthy behaviors don't just happen, and they certainly don't just happen in one particular class or subject area. Before behaviors can be developed or changed, students must have more than a discussion of facts. They need repeated opportunities to explore their feelings and ideas about many AIDS-related subjects. The more opportunities students have to explore attitudes and feelings about HIV/AIDS, and the more varied the modalities for this exploration, the more likely they are to integrate these into healthy, perhaps lifesaving, behaviors.

The Language Arts Link to HIV/AIDS Education

In New York State, most students are or will soon be exposed to basic information about HIV/AIDS by tenth grade. But the Language Arts classroom is a natural arena for the exploration and expression of the affective realm: thoughts, feelings, attitudes, opinions, and beliefs. This kind of exploration in relationship to AIDS is crucial to a teenager's ability to develop healthy attitudes and behaviors.

The purpose of this Sourcebook is to present some ideas on how to bring this kind of discussion about HIV/AIDS into the 11th and 12th grade Language Arts classroom, while continuing to focus on reading, writing, and speaking skills.

About the Activities

* All the activities in this Sourcebook are keyed to objectives from the 1988 New York State Education Department English Language Arts Syllabus (K-12).

* All the activity descriptions include an overview, objectives, follow-up assignments, and comments.

* All the activities may be done as class assignments. The activities may also be used as extra-credit projects or make-up assignments.

* The activity descriptions are designed to be adapted to an individual teacher's needs or interests.

* Some activities may be done concurrently. For example, during the same week, students could alternate work on a poem or short story with work on the Current Events Activity.

* Follow-up activities may be done as primary activities.

* In addition to the activities outlined in this collection, research papers, book reviews, persuasive essays, debates, and letters to a newspaper editor are also excellent opportunities for students to think about HIV/AIDS as they develop important Language Arts skills. The bibliography of books about HIV/AIDS (see Appendix F) is provided with these types of assignments in mind.

* Because the **Language Arts Link** activities are designed to be used across a wide range of academic ability levels and in a variety of time periods, specific schedule flow charts could never be designed to meet all teachers' needs. Instead, each Activities Description includes an outline of all the essential lesson components and suggests a variety of topics for discussion. The sample flow chart on pages 6-7 is provided as an example of how an activity might be scheduled. Individual teachers are encouraged to adapt the activities to their own specific scheduling needs.

Some Things to Consider

* Your own comfort level in discussing HIV infection and AIDS has to be a starting point. It's impossible to teach a class where the objective is for the students to feel they can confront AIDS, if you feel afraid, unsure, or apathetic.

* Discussing AIDS also demands a class climate of tolerance for all views and especially compassion towards persons with HIV infection and AIDS. It's helpful to remind students that underneath most intolerance is fear.

* If you feel you don't know enough about HIV infection to bring it up, see the Appendices here for basic information, including phone numbers for where you can obtain more facts.

* If you feel HIV education isn't your job, it's important to remember that the primary focus of each activity is on the development of Language Arts skills: reading, writing, critical thinking, and speaking. HIV/AIDS just happens to be the subject of the assignments.

* If you feel you're too busy already, try substituting an activity in here for something you were going to do anyway.

* "AIDS" is a word that is now part of everyday vocabulary. However, terminology changes; the use of the term "AIDS" is no longer always appropriate. There are also differences between the terms "HIV," "HIV infection" and "AIDS." These should not be used synonymously or interchangeably.

Their definitions are as follows:

HIV: The name of the organism Human Immunodeficiency Virus.

HIV infection: The state of being infected with HIV. Development of HIV antibodies is evidence of HIV infection.

AIDS: Acquired Immunodeficiency Syndrome, the clinical term for the severe condition that results from years of HIV infection.

This Sourcebook is based on these definitions. It also introduces "HIV infection" as terminology more appropriate than "AIDS" in most situations.

Please Note: New York State law mandates that parents have the right to withdraw their children from planned units of instruction about AIDS prevention. Because none of the activities in here deal specifically with how to prevent HIV infection, students would not need to be excused from these lessons.

The News Journal: Making Current Events Real

Overview

In this activity, students are exposed to current articles about HIV infection and AIDS. By completing a variety of writing and discussion exercises related to the articles, they have the opportunity to explore or develop their own feelings, opinions and questions about HIV infection and AIDS. (This may be done concurrently with other units.)

Objectives

1. For students to learn information about HIV infection and AIDS.
2. For students to have the opportunity to reflect on the information, with the chance to form opinions, ideas, questions, and/or beliefs.
3. For students to gain exposure to a variety of newspapers and periodicals.
4. For students to learn and practice writing and feedback skills.
5. For students to develop speaking and listening skills.

Activity Outline

1. For a specific period of time established by the teacher, students search through current periodicals and newspapers for articles about HIV/AIDS. (One article per day.)

2. Students read the article and write a precis.

3. Students then react to the information they've read by writing a journal entry, searching in particular for ways the information relates to them, their friends, or their families. (General questions they could respond to include: What hit you about this article, and why? Be sure to include your opinions, thoughts, feelings, questions, and personal experience in your response. Or, What strikes you about this article, and how does that relate to you or some aspect of your life?)

4. Students share their precis with a writing group or partner for feedback, working together to master precis writing skills.

5. Students share an aspect of their journal response with a partner or in a small group.

6. At the end of the unit, students write a journal entry about their overall response to what they've read and learned.

Some Tie-ins to the N.Y. State English Syllabus

1. Listening and speaking for social interaction.
2. Reading for acquisition, interpretation and application of information.
3. Writing to make factual information clear and understandable.
4. Writing to express oneself.

Comments

1. Timing on this activity is flexible. It can take place over a long period of time (ie. one article a week for a month or more), or as the result of a day trip to the school library, to help students become familiar with the process of using periodicals and newspapers. It can be done once a week or daily, depending on the other activities of the class.

2. Alternating precis writing with journal writing and small group discussions will help maintain student interest.

3. Students could begin sharing in small groups by responding to a focus question. For example, "After I read this article, I felt_____." Or, "Something that really struck me about this article was _____."

4. Once students understand how to write a precis, the focus of the activity can shift. One discussion focus might be about the way newspapers and magazines are set up and what kinds of articles students can find in specific sections of the periodical. (Some questions to ask students might be: Would an article about how a family reacts to the disease be more likely to be found in the Lifestyle section of a paper or on the front page? Why? What kinds of information are reported in different sections of magazines and periodicals? How can knowing this help a reader?)

5. Another discussion sideline: compare the writing styles and editorial slants of the different periodicals. Questions for discussion could include: Do different papers and periodicals use different writing styles? Why? How can a reader get a balanced view of an issue? Compare the tones and writing styles of two or more periodicals or newspapers, being sure to examine what audiences they're geared toward. Compare the kind of coverage two or more sources give to people dealing with HIV infection or AIDS.

Follow-up Activities

1. Students write a letter to the Editor of the magazine or newspaper of their choice. This could be a comment on the coverage given to the subject or a response to one of the articles read.

2. Students discuss key issues raised by the articles they've read, learn how to frame questions for debate and then develop a point of view and express it.

3. Students compile a list of questions they have about HIV infection or AIDS and do further research to find the answers.

The News Journal: Making Current Events Real
An Example of Scheduling*

Exact lesson plans or scheduling flow charts for classroom activities may prove either helpful to some teachers or restrictive to others. This example of scheduling is provided only as a model for teachers interested in seeing how a Language Arts Link Activity might be scheduled.

Please note that to facilitate ease in planning, information in each Activities Outline is listed in the suggested order of presentation.

Also note that although this activity is shown scheduled here for six days, it may also be scheduled for three days, or for ten, depending upon the individual teacher's needs.

Day One

Introduce unit: Teacher gives overview of activity, explaining purpose.

Motivational activity: Teacher places piles of old newspapers and magazines in the front of the room. Teacher invites students to take one or two, and look through them. (20 minutes) Students look through papers, then participate in discussion. Which news stories appear most frequently? How do you follow a news story? Why follow a news story?

Homework: Find and read a newspaper or magazine article about HIV infection or AIDS. Bring it to class.

Day Two

Teacher explains how to write a precis.
Students begin to read or reread their articles, with precis writing skills in mind.

Homework to begin in class: Write a precis of the article.

Day Three

Students share precis with writing groups for feedback.
Teacher asks for comments from each group about what they observe about precis writing. For discussion: Why is precis writing done in relation to something that's read, as opposed to something that's seen on TV?

Homework: Revise precis. Journal entry response to some aspect of content. Due Day Five.

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*Article search, precis writing and response can continue on a weekly basis once students attain a grasp of the basic skills.

Day Four

Class meets in the school library. Students learn/review how to use periodic guide to literature, other common indexes to newspapers and magazines. Students identify magazines and periodicals that would be likely to cover the AIDS crisis.

In-class assignment: Find another article.
Homework: Read article and write a precis.

Day Five

Students share precis in writing group.
Discuss as a class: difficulties or questions.

Homework or in-class assignment: Journal entry in response to content of article.

Day Six

In small groups and/or large class discussion, students share about journal entries in small groups, using focus question to start.

The Ad Campaign

Overview

Samuel Johnson once wrote to a friend "I'm sorry I didn't have time to write a shorter letter." A writer's ability to communicate effectively is reliant on his ability to understand the purpose of his communication and the characteristics of his audience. Conciseness and clarity follow. Too often, high school writing assignments lack relevant purpose, or a real audience. Working on an ad campaign about HIV infection/AIDS gives students a useful purpose for developing sound skills.

Objectives

1. For students to learn basic information about HIV infection and AIDS and communicate it to others.
2. For students to develop skills in creative thinking, planning, and writing as they create educational materials.

Activity Plan

1. Students are asked to work individually or in a small group to create a product that will be used in a school or community educational campaign about HIV infection/AIDS.

2. Students brainstorm common misconceptions, questions or fears about HIV infection/AIDS. (Depending on their knowledge of HIV infection/AIDS, they may need a class session to review what they already know, or read and discuss fact sheets to learn more. Researching answers to basic questions could be a simple homework assignment. Students could brainstorm questions they have about HIV infection and then each find the answer to one question. (See Appendices A, B, C and F for resources.)

3. Students brainstorm the types of products they might produce to address one of the misconceptions, fears, or questions, and how they could distribute these products. Products could include: posters to be hung in local schools; public service announcements or jingles to be aired on local radio stations or over the school PA system; advertisements in the school newspaper, yearbook or local paper; a one page Fact/Myth handout for distribution in the cafeteria; etc.

4. Students develop criteria for a successful product. (Some elements might include: clarity of purpose, audience, specificity of information, type of language and writing style used, appropriateness of language, use of graphics, etc.)

5. Students prepare a Product Plan and turn it in. (Sample follows.)

6. Students complete a draft of their product and share with a small group for feedback.

7. Students make necessary revisions and complete a final product.

8. Students distribute their products.

Some Tie-ins to the N.Y. State English Syllabus

1. Listening and speaking for critical analysis, interaction, information, and understanding.
2. Writing to explain, describe or persuade.

Comments

1. Resources about the national ad campaign "America Responds to AIDS" are now available through EPSIS (Educational Programs and Studies Informational Services). This campaign includes public service announcements, radio ads, etc. For more information, contact EPSIS at: Room 209 EB, New York State Education Department, Albany NY 12234; (518) 474-3639.

2. Students can and should take responsibility for finding ways to distribute their products. Distribution of the product can be included as a criteria for earning credit. Students may need to discuss how to identify adults who can help them and how the adults should be approached.

3. This activity is an excellent way to emphasize the connection between understanding purpose and audience and creating effective communications.

Follow-up Activities

1. Keeping the ad campaign in mind, students review one or two papers they've written recently, considering the questions: What was the purpose of writing this? For which audience was it intended? How effectively did this paper meet its purpose? How effectively did it address its audience? Did I communicate what I set out to communicate? Have students write a brief commentary on what they observe in their own writing.

2. Using the criteria students developed for their products, have them read an essay or look at professional ads and evaluate their effectiveness. After doing so, they may wish to re-evaluate or change their own criteria.

PRODUCT PLAN

Name(s): _____
_____
_____
_____

Plan Due Date: _____

1. What product do you plan to produce?

2. What is the key message you plan to communicate? Why?

3. Describe the audience your product will address and how you will tailor your product to them.

4. On a separate sheet, brainstorm the steps you need to take to complete your product. List them here, <u>in order</u>.

5. If you are working with others on this project, everyone must participate. List who will be responsible for what.

6. How will you distribute this product? (Use back if needed.)

7. How will you evaluate your product's effectiveness?

You and Your Community: An Interview

Overview

Most teenagers remain isolated from the adult world in general, and the world of HIV infection in particular. In this exercise, by going out individually or as part of a team and interviewing someone working in an AIDS-related field, students have the chance to learn first hand about the disease and its impact on their own community. Their writing and speaking skills develop as they work to present what they've learned. Finished student work from this assignment lends itself to being collated and distributed within the school or community.

Objectives

1. For students to gain perspective on the impact or presence of HIV infection in their own community.
2. For students to develop skills in planning, listening, speaking, writing, and editing.

Activity Outline

1. Teacher presents the interview in the form of a writing assignment and discusses the purpose of it with students. (Assignment could read: Choose a person involved in some aspect of working with HIV infection or AIDS whom you would like to interview. Prepare for the interview by planning questions or getting any background information you might need. Be sure to record the interview or take notes. In writing up the essence of what you've found, blend actual quotes with summarized or paraphrased information.)

2. Students brainstorm resources for interviews. Examples could be: the local hospital, the Public Health Department, an AIDS hotline or infoline, a local hospice, a person with AIDS, an AIDS researcher at a local college, doctors or nurses, school officials, etc.

3. Students discuss, with the teacher, characteristics of an effective interview vs. an ineffective interview and differences in focus an interview can take (depending on the audience for the final product, the purpose of the interview, etc.).

4. Students discuss the purposes of their interviews. What do they want to know? They brainstorm types of questions they might ask.

5. Students develop a brief plan for their interviews and share in a small group for feedback. They submit a revised plan to the teacher. (This could include questions, a description of the interview's purpose etc.)

6. Students and teacher discuss techniques for composing or editing their work. Students write a draft of their results to share in a small group for feedback.

7. Students revise their work based on feedback, and turn in the final product.

Some Tie-ins to the N.Y. State English Syllabus

1. Listening and speaking for information and understanding.
2. Listening and speaking for personal response.
3. Writing/editing to explain or describe.

Comments

1. Presenting students with collateral reading assignments may be helpful or enlightening to students. Students may want to bring in interviews with their favorite musical personalities, political figures, or sports figures to examine what made the interview successful.

2. If students have a difficult time finding someone to interview, encourage them to think creatively. Community members who have not yet dealt with HIV infection may be planning to do so. The news desk of the local newspaper may be an excellent resource.

3. If after-school jobs or activities make setting up an interview difficult, encourage students to set up a telephone interview.

Follow-up Activities

1. Students write thank you letters to their interviewees, enclosing a copy of their finished work.

2. Students complete a journal entry or other piece of informal writing about what they learned from this assignment.

3. Students type and collate a collection of their work for distribution to some audience they think would benefit from their work or submit individual pieces to the school newspaper.

The Message in the Media

Overview

Some professionals estimate that teenagers can spend as much as seven hours a day watching television. But what messages do TV shows convey about sex and sexuality? And what impact do these messages have on a teenage viewer's attitudes about their own sexual behavior? What is the impact on their attitudes about sexual responsibility, or about the fact that abstinence is stressed as the safest sexual behavior in HIV prevention for adolescents? This activity enables students to explore these questions. (Note: rock and roll lyrics also provide an interesting medium for consideration.)

Objectives

1. For students to identify messages about sex, sexuality and sexual responsibility conveyed by the media.
2. For students to relate their own beliefs and ideas to these messages and to information about HIV/AIDS prevention.
3. For students to develop skills in critical thinking, speaking, listening, and writing.

Activity Outline

1. Students select a period of time and a television channel for viewing. (Total amount of time spent should be specified, i.e., two hours. Commercials should be included.)

2. Students discuss how to record what they see and hear and how to discern messages about sex, sexuality and sexual responsibility. Assignment: Take notes on what you see characters do or imply and on the messages that you think are conveyed by these actions or words.

3. After the viewing time period, discuss students' findings. Some questions to consider might be: What's acceptable or expected sexual behavior from married people on TV? Single people? On a first date? After people have been going steady? What types of behavior are considered sexy or 'cool' for men and women? 'Uncool?' It may be interesting to have a recorder list the television shows and behaviors or attitudes on the board.

4. On a different board, students brainstorm attitudes about sex or sexuality that they see in their own high school. For discussion: What's considered 'cool' or 'uncool' behavior? What's expected with a boyfriend

or girlfriend or in a style of dress? How does the issue of sexual responsibility get addressed between boyfriend and girlfriend? By whom? How does what's seen in the high school compare to what's on TV?

5. Another discussion starter could be as follows: On the blackboard, students develop a contiuum of low and high-risk behaviors they've seen on TV. For discussion: How would they define 'sexual responsibility'? When have students seen the issue of sexual responsibility raised on TV? How and by whom? How does that compare to what they see around them?

6. Students complete a writing assignment where they express their own views and conclusions. This might be: From the observations you've made and the thoughts you've had during the discussion, evaluate your own or other people's attitudes and behaviors regarding sex, sexuality and AIDS. Write an essay persuading us to see your point of view. Or, What does it mean to be sexually responsible? Give examples of how the media encourages or dissuades people from acting in a responsible manner.

Some Tie-ins to the N.Y. State English Syllabus

1. Listening and speaking for critical analysis and evaluation.
2. Listening and speaking for information and understanding.
3. Writing to explain, persuade or express self.

Comments

1. Students' TV viewing may be adequate enough to start this activity with the discussions.

Follow-up Activities

1. Students explore print advertisements for similar messages about sex and sexuality and write a summary of their observations.

2. Students submit their essays as editorials to the school paper for extra credit.

3. Students compare attitudes or behaviors about sex and sexuality in contemporary media to those in a piece of literature they're studying or have studied, or to attitudes and behaviors of different periods of American history. They write a brief essay about their conclusions.

Writing a Poem or Song

Overview

Self-expression is a crucial activity for 11th and 12th graders. The assignment to write a song or poem related to HIV infection/AIDS demands that students integrate information about the disease on an emotional and/or imaginative level as well as an intellectual one.

Objectives

1. For students to learn information about HIV infection/AIDS.
2. For students to apply information about HIV infection/AIDS while creating an artistic product.
3. For students to communicate and learn skills of effective writing.

Activity Outline

1. In small groups or as a class, students read and discuss the assignment: Write a poem or rock/folk song that deals somehow with HIV infection/AIDS. This might be a reflective poem/song, a poem/song which addresses a specific person (perhaps the relative of a person with HIV infection or AIDS, or the sick person themselves), a poem/song in response to a photograph, a poem that tells a story, a memory poem/song (perhaps the memory of a relative or friend about a person with HIV infection or AIDS, perhaps the memory of the sick person themselves), a poem that takes many of its lines from a news or feature article about AIDS, a poem that borrows its first line from a famous poem, or a poem that brings an image to life.

2. Students read or listen to poems or songs and discuss their characteristics (ie. language, use of metaphor and simile, images, rhythm, symbols, ways of dealing with emotion, etc.). Questions to consider: What makes a poem different from a song? What makes a poem/song different from a play, story, essay, etc.? What is a cliche, and how does a writer avoid cliche? Do poets or song writers have a purpose when they write? Does a writer's sense of purpose change from one form of writing to the next? How will students determine the purpose of their poems? How will they evaluate their effectiveness? Students should also develop criteria for good poems/songs.

3. Students discuss what kind, if any, specific information about HIV infection/AIDS they might need to write honestly and effectively. They then find or are given that information. (See Appendices A, B, C, and F.)

4. Students draft a poem or song and share it with the class or in a small group for feedback.

5. Students revise their work and share final products in a poetry reading and music performance for the class or school. This might be a benefit reading for an AIDS-related cause. They may also collect their poems into a book for distribution to an audience they decide on.

Some Tie-ins to the N.Y. State English Syllabus

1. Writing to express self, describe, or narrate.
2. Listening and speaking for personal response.
3. Reading for aesthetic and personal response.

Comments

1. Good poetry resources for this activity include Kenneth Koch's Rose, Where Did You Get That Red? (Vintage) and John Frederick Nims' Western Wind (Random House).

2. Dionne Warwick's song "That's What Friends Are For" was written and performed for friends with AIDS. Listening to the song and discussing the lyrics may be a good motivational activity with which to introduce the assignment.

Follow-up Activities

1. Students arrange for one or two local poets to come to class to read their work and respond to student work. Resources for finding local poets: Call The National Writer's Union (NYC), Poets and Writers Inc. (NYC), Poets in the Schools (NYC). You could also check with a local bookstore or college.

2. Students and/or teacher make arrangements to exchange poetry collections with another class or another school.

3. Students choose a contemporary (or other) poet or musician and review one of his/her books/albums.

4. Students research and write a report about singers or writers who do benefit work for HIV/AIDS research or other AIDS-related causes.

Writing a Short Story or One Act Play

Overview

Creative writing helps students develop writing skills as well as the ability to appreciate and understand literature and literary devices. When creative writing is about a subject like HIV infection/AIDS, it also invites students to explore emotional aspects of the issue through the characters and action of their story or play.

Objectives

1. For students to develop and communicate a greater understanding and awareness of HIV infection/AIDS.
2. For students to develop writing skills.

Activity Plan

1. Students are asked to write a short story or one act play that somehow involves or relates to HIV infection/AIDS. They're told they don't have to do it all at once; that writing techniques will be discussed.

2. Students discuss how to begin. They may begin by first creating a character and a life for the character, or by creating a situation and characters to fit the situation. Either way they choose, they will need to discuss how to develop believable characters and story lines.

3. Students meet in small groups to share the characters they've created, the situation the characters are in, and the central question or situation their characters have to resolve.

4. Students read a variety of short stories or short plays to study how character and plot/action develop. Other discussion topics: How does a short story or one act play differ from a novel or full-length play? What are some characteristics of short stories/one act plays? How does a writer limit action, detail, etc. without cutting off story or character development? How does one write dialogue? What is the difference between narrative written in first person, third person, etc.? How does one choose a point of view in which to write, and maintain it throughout the story? How long should a story/play be?

5. As students progress with their stories or plays, they may discover they need to collect or review specific information about HIV infection/AIDS, either as background information or to include in their piece.

6. Periodically, students share drafts of their story in a small group for feedback. Then, they revise their work and share a final product.

Comments

1. Different students may need different levels of assistance in this process. Other students may prove to be the greatest resource here. Peer education is an effective method of teaching and learning.

2. Ideally, the character(s) students develop will be someone they can relate to in some way. In creating a main character, students will find it helpful to know everything they can about the person: place in the family, favorite foods, appearance, personality, what's happening in their lives, etc. Students could brainstorm things they need to know about a character to write about the person. Key questions for students to ultimately address might include: How is this person touched by HIV infection? And, what is it that the character(s) wants most in their situation(s)? Students then create a story line that resolves these questions. For discussion, ask: Why does writing about what's familiar allow a writer to create realistic characters and story lines? When does a well-developed character make for a more effective story?

3. Students could brainstorm situations or characters in small or large groups, then choose or develop their own story. Or, they could be given a list of story starters from which to choose. Sample story starters:

   - It's September. There's a new kid in school, and somehow it's gotten out that the student has AIDS. Two friends are supposed to be in the new kid's class the first day, but a group of concerned citizens is scared. There's been a lot of talk of boycotting the school until the person with AIDS is taken out. The two friends have to decide what they'll do.

   - There's a rumor that an 11th grader tested positive for HIV. You're his/her best friend. You just heard the rumor. Tell the story of what happens and how it's resolved. Include how <u>you</u> felt when you heard the news.

   - A teenager gets the news of testing positive for HIV infection. Write a story composed of that person's diary entries over a specific period of time (summer vacation, the holidays).

Some Tie-ins to the N.Y. State English Syllabus

1. Writing to tell a story or give an account of real events.

Follow-up Activities

1. Students publish their stories in a collection and distribute them.
2. Students perform their one act plays.

AIDS and Literature

Overview

While it may be difficult or impossible to relate AIDS to specific pieces of literature, issues surrounding AIDS and major themes of literature have much in common. The introduction of AIDS and HIV infection to a discussion of themes like fear, loyalty, courage, etc. may help illuminate the theme or other aspects of the piece of literature, ie., characterization, and bring students to a deeper perspective of the disease. This activity outline gives examples of discussion questions.

Objectives

1. For students to consider issues about HIV infection and AIDS as they read and discuss works of literature.
2. For students to gain a broader perspective of literary themes.

Sample Discussion Questions & Examples of Thematic Areas

1. **Fear**

-What fears did the main character have, and how did they deal with them? Did they fear the unknown? How does this compare to the way people in our society deal with an unknown, such as AIDS?

-Do individual fears influence society, or vice versa? How does what you observe about this issue and AIDS relate to what you observe in the book?

-What impact does peer pressure have on peoples' individual fears about HIV/AIDS and how they deal with them? For example, regarding AIDS, how do our personal feelings shape what happens to persons with AIDS in their neighborhoods or jobs?

-What role should a government have in influencing personal fears or beliefs about AIDS?

-How does fear influence personal behaviors or actions? Can fear force someone to abandon deeply held beliefs? For example, do you believe that people have the right to live where they want to live? What if a family moved in next door to you, one of the kids in the family had HIV infection or AIDS, and people in the neighborhood were afraid and tried to prevent the move? How would you feel? Should you join in?

-How does society generally deal with things or people it fears or doesn't understand? Let's start by looking at HIV infection/AIDS. How does this compare to what we see in the story/novel/play?

2. Friendship/Loyalty

-What duties or obligations do you think friends have to each other? If a friend has HIV infection/AIDS? How does this compare to the main character's belief?

-What duties or obligations do family members have to each other? Do these obligations change if someone in the family has HIV infection/ AIDS?

-Should loyalty be stronger than fear? How about if you're dealing with something like full-blown AIDS?

-Considering all that's been said about AIDS, friendship and loyalty, how would you define loyalty? Friendship? How does that compare to the way the character defines it?

3. Courage

-How does the character define courage? What examples of this courage do you see in the book?

-What do you think are some characteristics of a courageous person or action?

-What are the settings we usually imagine for courageous action? How would a hospital ward of persons with AIDS compare to these definitions? Are there other places or situations where persons with AIDS have to display courage?

-Given what we've talked about regarding AIDS, how would we define courage today? How does our definition of courage today compare with the character's? If the character's life somehow were to be affected by HIV infection or AIDS, how would the character deal with it?

Some Tie-ins to the N.Y. State English Syllabus

1. Listening and speaking for critical analysis and evaluation.
2. Listening and speaking for social interaction.

Comments

1. In the course of such discussions, misconceptions about HIV infection and AIDS might arise. Students might need to seek out or read basic information about HIV infection. (See Appendices A, B, C and F.)

2. Examples of novels, short stories and plays particularly applicable to these types of discussion questions include: Woody Allen's Oh God; Albert Camus' The Plague; Stephen Crane's The Red Badge of Courage; Shirley Jackson's "The Lottery"; Steinbeck's "Johnny Bear"; Gore Vidale's Thunder on Sycamore Street; and, Tennessee Williams' The Glass Menagerie .

Follow-up Activities

1. Students write anonymous letters to a character asking what they believe about or how they would deal with an AIDS-related issue. The letters are distributed. Each student then assumes the role of that character and writes a response. The letters and responses are collected in a booklet or are posted.

HIV/AIDS & the Writing RCT

Overview

In New York State, every eleventh grade student must demonstrate competency in basic reading and writing skills by passing the Regents' Competency Test (RCT). The test involves reading and writing exams. The Writing RCT is composed of three sections: the Business Letter, the Report, and the Composition (Persuasive Essay). The following activities enable students to prepare for all components of the Writing RCT while developing further awareness of HIV infection/AIDS in their lives.

While the RCT is a focus of Activity 8, it should be noted that each of the following writing exercises can stand alone, without being used as preparation for the RCT.

Objectives

1. For students to develop writing skills.
2. For students to practice their writing skills in three specific forms: the Business Letter, the Report, and the Composition.
3. For students to practice test-taking skills.
4. For students to expand their awareness of HIV infection/AIDS.

Some Tie-ins to the New York State English Syllabus

1. Writing to persuade.
2. Writing to express self.
3. Writing to convey information.

(Activity Outlines and Comments for each section of the Writing RCT follow.)

HIV/AIDS & THE WRITING RCT

Part I - Business Letter

Activity Outline

1. Teacher introduces the RCT Writing exam and describes the Business Letter section.

2. Students and teacher discuss the purpose and form of a business letter.

   Reasons for writing a business letter include: requesting an order, exchange or refund; seeking information; complaining about a service or product; or requesting a college or job application or interview.

   Topics for format discussion include: appropriate heading, inside address, salutation, body of letter or message, complimentary closing, and signature. Organization, completeness of ideas, formality of language, precision and conciseness are additional qualities students may find useful to discuss.

3. Students and teacher discuss strategies for writing effectively in testing situations.

4. Students receive one of the following exercises and complete it according to the teacher's instructions.

5. Class brainstorms elements of the letter to check in feedback sessions. Elements can be divided into two categories, Format and Content.

   Format elements to check include: heading, inside address, etc. (See topics for discussion listed above.)

   Content checkpoint questions include: What is the writer trying to say here, and how effectively was it stated? Is all the information included? Is it stated in a logical order? Is it stated as concisely as possible? Is the language appropriate? (See topics for discussion above.)

6. Keeping in mind the feedback guidelines they've developed, students share their letters in pairs or small groups, responding first to content, then to form.

7. Students and teacher discuss what strategies students discovered for writing effectively in a testing situation. Possible discussion question: Because the RCT testing situation won't allow for group feedback, how will you assess your own product? Students brainstorm a list of checkpoints for self-editing.

8. As a large class, students discuss the situations described in the exercises. Discussion questions might include: Do you think an AIDS information hotline is something our town needs? Why or why not? Do you think there's enough information circulated about HIV

infection/AIDS? Why or why not? How could people get more information, and what kind of information do you think people need?

9. Students complete the second exercise and share results.

Comments

1. Discussion of the situations in the Business Letter exercises might raise questions about HIV infection/AIDS. Teachers may wish to have information about HIV infection/AIDS available in the classroom. (See Appendices A, B, C and F for student handout and teacher information.)

Follow-up Activities

1. Each student identifies a real situation in their lives requiring a business letter. They write the letter, bring it to school for feedback and credit, then mail the letter. (Letters could be collected and mailed from the school's Main Office.)

2. Students complete one of the other Activities in this booklet, ie., The Ad Campaign, The News Journal, or You and Your Community: An Interview.

3. Students write a brief opinion paper addressing the question: Does our school or town need an HIV infection/AIDS information-line? Why or why not?

HIV/AIDS & THE WRITING RCT

Part I - Business Letter Exercise A

Student Name:_____ **Date:**_____

Directions: Write a business letter about the situation described below. Read all the information carefully before you start to write.

The situation: On February 13, you and several other members of a student committee from your school met with Ms. Janice Reynolds, Youth Services Director for your community, to ask that an anonymous HIV/AIDS information hotline be established in the Community Center building. Ms. Reynolds agreed that by May 5 a phone in the building would be set aside and staffed to provide information about HIV infection and AIDS for young people. It is now June and no hotline has been established.

Your task: Write a business letter concerning this situation to: Ms. Janice Reynolds, Youth Services Director, Community Center, 321 Main Street. Use your own city or town, state, and ZIP code.

In your letter be sure to:

- -Explain the situation
- -Explain to Ms. Reynolds what you want her to do about the situation
- -Give complete and correct information
- -Use an acceptable business letter format

HIV/AIDS & THE WRITING RCT

Part I - Business Letter **Exercise B**

Student Name:_____ **Date:** _____

Directions: Write a business letter about the situation described below. Read all the information carefully before you start to write.

The situation: You recently saw a TV commercial about HIV infection and AIDS. The commercial listed an address for viewers wanting additional information. The commercial mentioned three free brochures: "AIDS and the Homeless," "How to Minimize the Risk of Contracting HIV Infection," and "AIDS and Health Benefits." You are interested in the brochure about how to minimize the risk of contracting HIV infection.

Your task: Write a business letter requesting the information advertised in the commercial to: HIV/AIDS Alert, Johnstone Health Center, 555 Main Street, Any Town, New York, 12345

In your letter be sure to:

-Explain the situation
-Explain what you want the company to do for you
-Give complete and correct information
-Use an acceptable business letter format

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HIV/AIDS & THE WRITING RCT

Part 2 - Report

Activity Outline

1. Teacher introduces the RCT Writing exam and describes the Report section.

2. Teacher and students discuss the purpose of reports in an individual's life (in and outside of school) and elements of effective report writing.

   Topics for discussion could include: how to organize information into a logical sequence; what to do if you don't understand some of the information given, etc.

3. Students receive the following exercise and complete it according to the teacher's instructions.

4. Students brainstorm items to focus on during feedback sessions. Items could include: sequence of information, flow of information, opening and closing statements, etc.

5. Students share their reports in pairs or small groups, comparing results and offering constructive feedback.

6. Students and teacher discuss strategies for writing and effective self-editing in testing situations. Possible question: Since feedback will not be allowed during a testing situation, how will you edit your own work? Students develop their own list of criteria for an effective report.

7. Students discuss the information given in the report and how it compares to what they already know about HIV/AIDS.

Comments

1. Teachers may find it useful to have material about HIV/AIDS on hand prior to the exercise. (See Appendices A, B and C for student handouts and teacher information.)

Follow-up Activities

1. Students or teacher arrange for a speaker to come to class and talk about AIDS/HIV. (Or, they bring a video or film about HIV/AIDS.) Students take their own notes and prepare brief reports. Then, they compare their real reports with their practice reports.

2. Students brainstorm questions they have about HIV/AIDS and find the answers. Questions and answers may be written up and distributed to other classes as a community service project.

HIV/AIDS & THE WRITING RCT

Part 2 - Report **Exercise A**

Name:_____ **Date:**_____

Directions: Write a report using the situation and the set of notes given below. Read all the information carefully before you start to write.

The situation: You recently attended an after-school lecture on HIV infection at the local Community Center. Your school newspaper editor has asked you to write a report about the lecture. The notes you took during the lecture are listed below.

Notes

Speaker: Dr. David A. Smith, Department of Public Health

When: March 10, 4-5 p.m. at the Community Center

Over 70 high school students from local schools; many questions.

Can't get HIV infection from a toilet seat, by shaking hands, touching, sneezing, from hugging, kissing or being around someone with HIV.

AIDS -- disease caused by a virus that attacks the body's immune system. Immune system breaks down; can't protect you against fatal diseases.

HIV must get into the bloodstream to cause infection.

"HIV " -- name of the virus that causes AIDS.

Researchers estimate that up to 10 million people worldwide already may be infected with HIV. By the end of 1989, they think that as many as 500,000 New York residents will be infected with HIV.

HIV spread through sexual intercourse, sharing IV needles with an infected person, transfusion of infected blood, from infected mother to unborn child.

More information on AIDS -- AIDS hotline: 1-800-541- AIDS.

Once infected, a person is believed to be infected for life, but actual symptoms may not show for many years.

If people change their behaviors, spread of HIV infection can be reduced.

One exposure to HIV can lead to infection.

Reception lasted until 5:30; Dr. Smith stayed to answer questions.

Organize these notes into a written report. To help you organize your report, rearrange the notes on scrap paper before you start to write your first draft. In your report, be sure to include all the information in the notes.

HIV/AIDS & THE WRITING RCT

Part III - Composition

Activity Outline

1. Teacher introduces the subject of the upcoming Writing RCT.

2. Students and teacher discuss strategies of effective composition writing in the RCT setting. Topics of discussion include: What is a persuasive essay? How to write an opinion statement using words such as should, could, and would; how to compose effective opening and closing statements; how to organize one's reasons effectively within a limited amount of space and time; and how to use the writing process effectively in a testing situation.

3. Students receive one of the following exercises and complete it, following teacher's directions.

4. Students brainstorm criteria to focus on in feedback sessions. Items include: effectiveness of opinion statement, effectiveness of opening and closing statements, clarity and organization of ideas, tone, style, clarity of purpose, awareness of audience, etc.

5. Keeping criteria in mind, students share their essays in pairs or small groups, responding first to content, then to structure.

6. Students and teacher discuss what strategies students used for writing effectively in a limited amount of time.

7. Students brainstorm a list of self-evaluation checkpoints to keep in mind during the actual exam.

8. Students complete the second essay exercise and share results.

9. As a class, students discuss one of the situations in the exercises, sharing their viewpoints and reasons for their views.

Comments

1. Teachers may wish to discuss basic information about HIV infection/ AIDS with students before completing these exercises. Fact sheets may be read and discussed in class. (See Appendices A, B, C and D for student handouts and teacher information.)

Follow-up Activities

1. Students read and discuss current news articles about HIV infection/AIDS.
2. Students complete one of the other Activities in this sourcebook.
3. Students post essays, to be read by other class members.

HIV/AIDS & THE WRITING RCT

Part III - Composition Exercise A

Name:_____ **Date:**_____

Directions: Write a composition in which you try to persuade your parents to accept your position on the topic below.

Carefully read all the information before you start to write.

The situation: You have been invited to the birthday party of a classmate. The classmate has recently been diagnosed with AIDS but is presently feeling well enough to have a party. Your parents or guardian are afraid you will be exposed to the virus and do not want you to go. You have learned that HIV is not transmitted by casual contact and would like to go to the party.

Your task: Write a composition of about 200 words explaining to your parent or guardian why you should be allowed to go to the party. Give two reasons for your position. Explain each reason.

In your composition be sure to:

-Clearly state that you should be allowed to go to the party
-Give *two* reasons for your position
-Fully *explain* each of your two reasons
-Organize what you write

HIV/AIDS & THE WRITING RCT

Part III - Composition Exercise B

Name:_____ **Date:**_____

Directions : Write a composition in which you try to persuade the editor of the local newspaper to accept your position on the topic below.

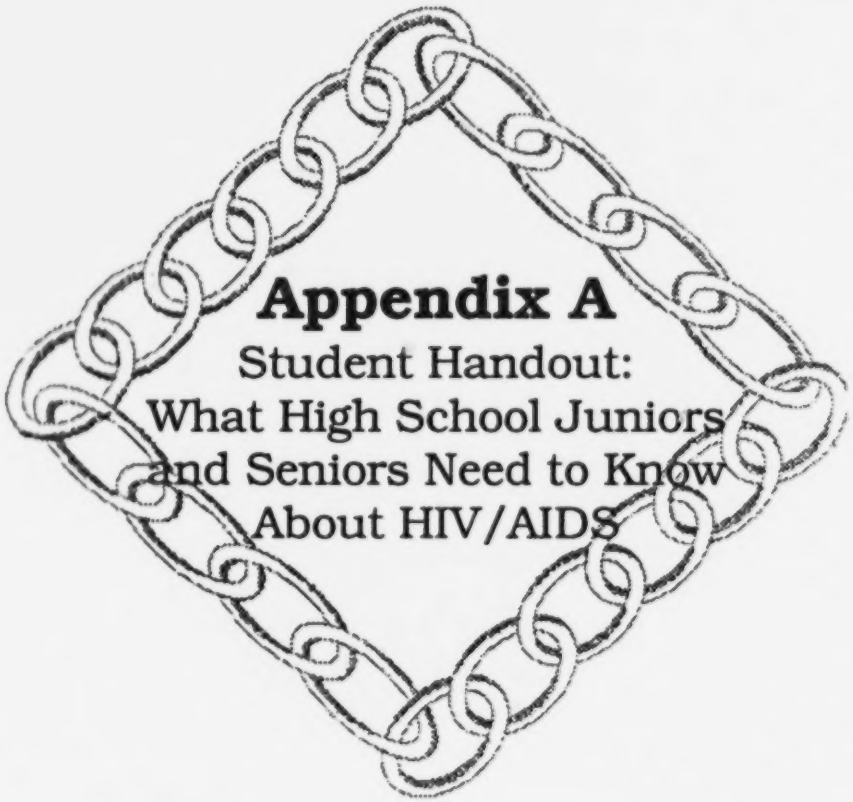
Carefully read all the information before you start to write.

The situation: A recent article in the local paper reported that a Citizen's Action Group is organizing to keep a teenager with HIV infection from attending the local high school. They've asked town residents of all ages to submit letters to the editor on whether a person with HIV infection should or should not be allowed to attend the school.

Your task: Decide whether you think a person with HIV infection should or should not be allowed to attend school. Write a composition of about 200 words persuading the Editor to agree with your opinion. Give two reasons to support your opinion. Explain each reason.

In your composition be sure to:

-Clearly state your position about whether an HIV-infected person should or should not attend school.
-Give *two* reasons for your position
-Fully *explain* each of your two reasons
-Organize what you write



Appendix A

Student Handout:
What High School Juniors and Seniors Need to Know About HIV/AIDS

HIV/AIDS: What High School Juniors and Seniors Need to Know

AIDS: WHAT IT IS

AIDS stands for Acquired Immune Deficiency Syndrome.

This means that the body's immune system has broken down, leaving the body open to certain diseases and infections that are usually harmless or rare in healthy people.

AIDS is caused by a virus called HIV, which stands for Human Immunodeficiency Virus. HIV can infect you if it enters your body or bloodstream. Someone can carry HIV and not have AIDS or any signs of being sick. Even though you may not see signs of infection, HIV can be passed to other people.

HOW HIV IS SPREAD

There are two main ways HIV is spread:

- by having sex with an infected person
- by sharing infected hypodermic needles

HIV can also be spread:

- from an infected mother to her baby before, during, or after birth
- through blood or blood products given during transfusions. This is now very unlikely because since 1985, all blood has been tested before its use.

HOW HIV IS *NOT* SPREAD

Current research shows that HIV is not spread through casual contact or through the air. For example:

- by sitting next to someone at school, on a bus, at a concert, sports event, etc.
- by shaking hands, coughing, sneezing
- by using rest rooms, water fountains, telephones
- by sharing computer terminals, shop equipment, and other school supplies
- by eating in a cafeteria or sharing glasses, plates, forks or other eating utensils
- by using a pool, hot tub or locker room shower

WHY YOU SHOULD CARE

HIV, which leads to AIDS, is a fatal illness. There is no cure, no immunity and no vaccine. But it is preventable.

Anyone can get HIV, young or old, male or female, gay or straight. **It's not who you are but what you do that puts you at risk for getting HIV.**

HOW TO PROTECT YOURSELF

Because many people with HIV show no signs of being infected, you can't always be sure who carries it.

The surest way to protect yourself from HIV is by abstaining from sex and drugs. In other words, the best protection against HIV & AIDS is if you don't shoot drugs and you don't have intercourse.

You need to understand that when you have intercourse with one person, you're having sex with all the partners they've had before you. Remember: a single sexual contact with an infected person can be enough to give you the virus.

So if you choose to be sexually active, know your partner. And even if you do know your partner, **protect yourself by properly using a latex condom every time you have sex.**

FOR MORE INFORMATION, CALL TOLL FREE: NEW YORK AIDS HOTLINE 1-800-541-AIDS

Appendix B

Student Handout:
AIDS Myth - Fact Sheet

AIDS MYTH-FACT SHEET

In front of each statement that is **true**, put a **T**, and for each statement that is **false**, put an **F**.

1. Due to the ways the AIDS virus is transmitted, it is unlikely that HIV infection can be transmitted by sitting next to someone in class.
2. Abstinence from sexual intercourse is the surest way to prevent transmission of the AIDS virus.
3. People can look and feel healthy and still transmit the AIDS virus.
4. People who shoot drugs and share their needles can get the AIDS virus.
5. There is a vaccine to prevent AIDS.
6. Women cannot transmit the AIDS virus.
7. Everyone who engages in sexual intercourse can be at risk for HIV infection.
8. Everyone infected with the AIDS virus has developed AIDS.
9. A person can get HIV infection from giving blood.
10. AIDS, itself, usually does not kill a person.
11. Most children with HIV infection got it from an infected mother.
12. A person who is concerned can be tested for the AIDS virus.
13. There is both a national and a state toll-free telephone hotline for AIDS information.

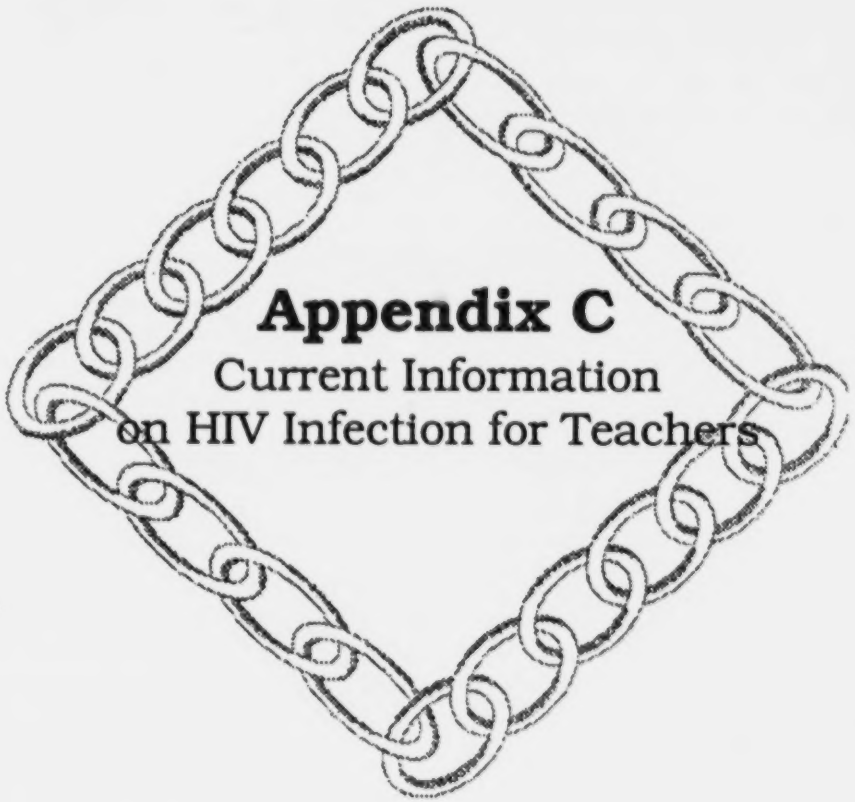
(See other side for answers)

Answers to AIDS MYTH-FACT SHEET

1. True
2. True
3. True
4. True
5. False
6. False
7. True
8. False
9. False
10. True
11. True
12. True
13. True

The U.S. Public Health Service 24-hour AIDS national hotline phone number is 1-800-342-AIDS.

The New York State hotline number is 1-800-541-AIDS.



Appendix C

Current Information on HIV Infection for Teachers

Current Information on HIV Infection
(Adapted from the New York State Curriculum[1])

This brief overview provides administrators and teachers with a general understanding of HIV infection[2]. It should be supplemented as needed with other texts on the subject. Knowledge about the disease and its effects on individuals is constantly being updated. **Administrators and teachers should periodically review and update this information to assure that it is accurate.** In the sections "Description and Cause of HIV Infection," "Clinical Manifestations," "Transmission," and "Incidence," cited data related to New York State and New York City have been provided by the New York State Department of Health and the New York City Department of Health as reported to the Centers for Disease Control. These data represent the combined statistics for New York State. National statistics listed herein have been provided by the Centers for Disease Control.

Description and Cause of HIV Infection

o The AIDS virus **(called Human Immunodeficiency Virus-HIV[3])** primarily attacks certain white blood cells **(called T-Lymphocytes or T-4 helper cells)** that are part of the body's internal defense against disease. The virus may also attack the central nervous system.

o An infected person's immune system responds by developing antibodies to fight off the invading virus. It is these antibodies to HIV, and not the virus itself, that can be identified by a blood test before a person has any signs of illness. However, the body's ability to produce disease fighting antibodies eventually becomes limited in HIV-infected persons as the virus reproduces and multiplies, killing the critical T-4 cells it has infected.

o Acquired Immune Deficiency Syndrome **(AIDS)** is a disease condition at the end of the continuum of HIV infection caused by a virus that attacks the body's immune system, making infected people vulnerable to opportunistic infections, cancer, and neurological disorders.

Clinical Manifestations

o HIV infection may lead to disease[4] which can take many forms. It ranges from the complete absence of symptoms, to mild illness, to debilitating neurological disorders, and to fatal disease.

o The condition called AIDS represents a syndrome of late-stage diseases in which the immune system is unable to fight off other viruses, bacteria, protozoa, and fungi, resulting in infections and dis-

1 Bureau of Health Education and Services, HEALTH-AIDS INSTRUCTIONAL GUIDE GRADES K-12. Albany, NY: The State Education Department, 1987.

2 "HIV infection" is used here to describe the condition before symptoms of AIDS occurs. Infection can be detected within weeks of its occurrence by the HIV antibody test.

3 The virus that causes AIDS has also been called HTLVIII (Human T-Lymphotropic Virus III) and LAV (Lymphadenopathy-Associated Virus) by some scientists. Currently it is designated as HIV in order to standardize its identification in publications worldwide.

4 Disease: symptoms and illness.

eases that eventually cause the death of the individual.

o The condition called AIDS Related Complex **(ARC)** is no longer used by most physicians when referring to individuals who have a suppressed immune system and symptoms of HIV infection but not specific opportunistic infections. For an unknown percentage of individuals, ARC was a precursor to AIDS.

o As of July 1989, approximately 100,000 persons had contracted AIDS in the United States. According to the Centers for Disease Control, between 1.5 and 2 million people in the U.S.have been infected with HIV.

o The onset of symptoms associated with HIV infection may take from six months to five or more years to appear after the virus has entered the body. Individuals carrying HIV are capable of infecting others.

o Symptoms related to HIV infection include:

- loss of appetite
- weight loss
- fever
- night sweats
- skin rashes
- diarrhea
- tiredness
- lack of resistance to infection
- swollen lymph glands
- short-term memory loss.

The symptoms are likely to be milder than those found in persons with AIDS and generally are present in a cyclic fashion with illness followed by periods of wellness.

o The symptoms that individuals with AIDS develop are related to the opportunistic diseases that have taken advantage of the compromised immune response due to HIV infection. These symptoms are usually persistent and difficult to treat, and they can progressively debilitate the person to the point of death. As noted in the New York State Department of Health's booklet **100 Questions and Answers - AIDS**, they may include:

- extreme tiredness, sometimes combined with headaches, dizziness, or lightheadedness;
- continued fever or night sweats;
- weight loss of more than 10 pounds that is not due to dieting or increased physical activity;
- swollen glands in the neck, armpits, or groin;
- purple or discolored growths on the skin or the mucous membranes (inside the mouth, anus, or nasal passages);
- heavy, continual dry cough that is not from smoking or that has lasted too long to be a cold or flu;
- continuing bouts of diarrhea;
- thrush (a thick whitish coating on the tongue or in the throat), which may be accompanied by sore throat;
- unexplained bleeding from any body opening or from growths on the skin or mucous membranes;
- bruising more easily than usual;
- progressive shortness of breath;
- confusion, lethargy, forgetfulness, lack of coordination, or general mental deterioration.

o Specific diseases that generally don't affect healthy adults are linked with HIV infection. In the United States, about 85 percent of the people with AIDS have had one or both of two rare diseases: *Pneu-*

mocystis carinii pneumonia (PCP) and Kaposi's sarcoma (KS), a rare cancer.

Individuals with AIDS also develop severe infections with yeast, cytomegalovirus, herpes, and toxoplasma.

o The incubation period before any symptoms of HIV infection appear varies significantly from person to person. Many infected people develop symptoms within two years of exposure. Others, infected up to seven years ago, have not yet shown any signs of illness. Since AIDS is a new disease, only recognized in 1981, the maximum incubation period has not yet been identified. Extensive research is in progress to identify potential internal or external cofactors that may cause some infected people to become fatally ill, while others have milder symptoms or remain symptom-free. A few of the cofactors identified to date include: age; stress; use of tobacco, alcohol, and drugs; and pregnancy.

o The American Medical Society's Committee on Alcoholism and Other Drug Dependencies urges groups at risk for exposure to HIV to abstain from alcohol use. The reason for this is that alcohol has immune-suppressant properties which could increase the risk of disease in persons who have already been exposed to the virus.

Transmission

Unlike flu or measles, HIV is not transmitted through the air; it must get into the bloodstream to cause infection. For this reason, HIV-infected people don't pose a risk to others through any form of casual contact. There is no evidence that HIV infection is transmitted through touching, hugging, kissing, coughing, sneezing, food preparation, drinking fountains, toilet seats, being around an infected person on a daily basis, or donating blood.

HIV is carried in blood, semen, vaginal secretions, breast milk, and other body fluids including tears and saliva[5] of an infected person. However, it is transmitted from one person to another by three routes: 1) through sexual intercourse, including vaginal intercourse, oral intercourse, and anal intercourse, 2) through exposure to infected blood; now this happens most often during IV drug use, and 3) from infected women to their infants during the prenatal period or through breast milk.

Sexual transmission of the AIDS virus occurs during intercourse. It is thought that it happens through abrasions or tiny, unfelt cuts that may occur in delicate tissues. Such tissue breaks can allow infected semen, blood, or vaginal fluid to enter the bloodstream of a sex partner. Anal intercourse is most risky, since tissue tearing and bleeding are likely to occur. The virus, however, can also pass directly through the thin mucous membrane of the vaginal canal, and it can be picked up directly by the monocytes in the rectal tissue. Transmission through exposure to infected blood occurs in persons sharing contaminated needles, syringes, and works during intravenous (IV) drug use. Small, even invisible, particles of infected blood can remain in the drug paraphernalia and can be injected into the bloodstream of the next user. The risk of HIV transmission through blood transfusions has

5. Although HIV is found in urine, tears, and saliva, there is no evidence to date supporting transmission of the virus through exposure to these body fluids.

been almost eliminated since all blood banks began testing donated blood for antibodies to HIV in 1985. There may be some risk to receiving blood if it was too early for the virus to show up when donor blood was tested. Blood-donor testing has been so effective it has reduced the risk of HIV infection from blood transfusion to one in a 100,000 pints of blood. There is no risk of HIV infection from donating blood; blood collection centers use new transfusion equipment for each donor.[6]

All infected people, whether or not they have any symptoms, are presumed capable of transmitting the virus to others through blood-to-blood, or semen-to-blood exchange, or through vaginal secretions-to-blood exchange.

Incidence

Since the initial recognition of the AIDS virus in 1981, HIV infection has become a global problem. Researchers predict that up to 10 million people worldwide already may be infected with HIV; about 1.5 million live in the United States. During the eight years since AIDS was discovered in the United States (1981-1989), over 100,000 Americans have been diagnosed with AIDS and more than 50 percent of these people have died; over 22,000 cases have occurred in New York State. Scientists project that as many as 500,000 New York residents are infected by HIV and that the total number of AIDS cases in New York State will reach 45,000 by 1991.[7]

In New York State, about 48 percent of all people diagnosed with AIDS are homosexual and bisexual men; about 36 percent are male and female IV drug users; five percent have multiple risk factors; one percent are people who received infected blood transfusions; four percent are heterosexual contacts of infected persons; and two percent are children born to infected mothers. The other five percent are of undetermined origin. (Case information cannot be completed due to death, refusal to be interviewed, loss of follow-up, or are non-native Americans.)[8]

Research has yet to determine how broadly HIV infection is spreading within the general population.

> There is a broad spectrum of opinion about the extent of the likely spread in the United States of HIV infection in the heterosexual population, but there is strong agreement that the present surveillance systems have only limited capacity to detect such spread. (Data from the last year shows that this now represents 5 percent of the new cases.) Overall, the committee (Committee on a National Strategy for AIDS) concludes that over the next 5 to 10 years there will be substantially more HIV infections in the heterosexual population and that these cases will occur predominantly in those subgroups of the population at risk for other sexually transmitted diseases.[9]

Preliminary data indicates that one in

6 From 1981-1988 in the United States there were 229 cases of HIV infection from transfusions out of 230.1 million units of blood transfused (AIDS Weekly Surveillance Report, CDC, February 13, 1989). This includes 106 cases out of 9.12 million units in New York City (AIDS Surveillance Updates, New York City Department of Health, February 22,1989).

7 This data is accurate as of July 1989.

8 AIDS Surveillance Monthly Update, New York State Department of Health, August-September 1988.

9 Source: Institute of Medicine: National Academy of Sciences. Confronting AIDS, Directions for Public Health, Health Care and Research: Washington, D.C. National Academy Press, 1986.

300 college students in the United States is HIV positive. One in every 77 women of childbearing age in New York City and one in every 151 women of childbearing age statewide is HIV positive.

Major Risk Factors

Persons at increased risk for being infected with the AIDS virus include:

- o homosexual and bisexual men
- o present or past IV drug users
- o sex partners of IV drug users
- o male or female prostitutes and their sex partners
- o sex partners of infected persons
- o all persons with hemophilia who received blood-clotting factor and transfusions prior to 1985
- o children born to infected mothers

Prevention

There is no vaccine against HIV infection or any treatment so far that can reverse HIV damage to the immune system. **People must learn how to protect themselves and their loved ones from this infection. It is essential that students gain knowledge and skills to protect themselves before they reach an age at which they might experiment with sex or illegal drugs.**

Following are some basic elements of HIV information related to prevention.

The elements described will need to be adapted to varying degrees of specificity. Schools and their important community institutions, such as religious organizations, families, and voluntary organizations will need to adapt the presentation of this information to fit within their value systems. Within this framework, individuals will be able to determine responsible behavior, thereby avoiding adverse health consequences to themselves and others.

The specific wording and style of presentation, once developed, should be pretested on representative samples of the intended audiences to ensure effectiveness. Expert advice, consultation, and creative assistance can be provided by public and private health education experts.

The following information has been adopted from materials distributed by the Centers for Disease Control, Atlanta, Georgia, and the New York State Department of Health.

INDIVIDUALS IN ALL GROUPS NEED TO KNOW:

1. **Current information on the seriousness of the disease**

2. **How the AIDS virus is spread**

   o The AIDS virus has been shown to be spread from an infected person to an uninfected person by:

   - sexual contact (penis/vagina, penis/rectum, mouth/rectum, mouth/genitals)
   - sharing needles or works used in injecting drugs
   - an infected woman to her fetus or newly born baby (during the birth process or through nursing)
   - transfusion or injection of infectious blood or blood fractions

o An individual can be infected with HIV without having symptoms of AIDS or appearing ill. Infected individuals without symptoms can transmit the infection to others. Once infected, a person is presumed infected for life, but actual symptoms may not develop for many years.

o A single exposure to HIV may result in infection.

3. How the virus is NOT known to be spread

o There is no evidence that the virus is spread through casual social contact (shaking hands, social kissing, coughing, sneezing; sharing swimming pools, bed linens, eating utensils, office equipment; being next to or served by an infected person). There is no reason to avoid an infected person in ordinary social contact.

o It is not spread by the process of giving blood; new transfusion equipment is used for each donor.

o It is not spread by sexual intercourse between individuals who have maintained a sexual relationship exclusively with each other over a long period of time, assuming that they have not been infected through contaminated blood factors, IV drug use, or a previous sexual partner.

4. How to prevent infection

o Infection through sexual contact can be avoided by practicing abstinence or having a mutually monogamous marriage/relationship with no known risk factors in either partner. Young people can stay safe from HIV infection by not having sex. They need to know it is all right to say "No." In addition to the risk of HIV infection, there are other health reasons to postpone sex, including, the risk of gonorrhea, syphilis, and herpes, and unplanned pregnancies.

o Do not use IV drugs; do not share needles or works. Young people can stay safe from HIV infection by not using IV drugs. They need to know it is all right to say "No," not only to IV drugs, but to alcohol and drugs of any kind, as these impair judgment. In addition to the risk of HIV infection, there are many other health reasons for abstaining from illegal drug use.

o If already sexually active:

- Until you ask a lot of questions about your partner's past sexual experience, medical history, and drug use, don't have sex with that person.

- The more people you have sex with, the greater the chances you may get infected, so don't have sex with multiple partners.

- With infected persons, using a condom during sex may help keep the virus from getting into your body. A condom is a thin rubber covering that is slipped over the penis before any sexual contact. Only latex condoms with a tip and with the spermicide nonoxynol-9 should be used.

- The chance of blood or semen entering your bloodstream is very high during anal sex, since it can cause tearing of delicate tissues, so

avoid anal sex.

- Drugs and alcohol can lead you to do things you wouldn't do drug-free, so don't drink alcohol or use drugs of any kind.

5. If there is suspicion of infection:

o Abstain from sexual intercourse.

o Seek counseling and HIV antibody testing to be sure of infection status. Be aware that weeks to months may elapse from the time of infection to the time that antibodies to HIV appear in the blood. During this time persons may be infectious but the test may be negative.

o Obtain counseling and testing if pregnancy is being considered.

6. How to get more information about HIV infection and AIDS:

o Call an AIDS hotline number.

o Call a personal physician, health department, or an AIDS-related community service organization.

7. Information which will emphasize the seriousness of the problem, yet reduce inappropriate fear:

o HIV infection is a national emergency requiring attention from all citizens.

o If people change their behaviors, the spread of HIV can be reduced.

o Blood for transfusion in the United States is screened for antibodies to HIV and is now essentially safe, but some risks cannot be eliminated.

o Everyone who engages in high-risk behavior is at risk for HIV infection, regardless of age, race, or socioeconomic status.

Research and Treatment

Researchers in the United States and other countries are working diligently to develop a vaccine to protect people from HIV. Vaccine development is made more difficult because the virus can alter its form in the human body. There is no cure for AIDS at this time, nor is there any treatment that can restore the function of the immune system. A number of antiviral drugs including AZT (Azidothymidine) are being used by patients. While AZT has shown some promise in curbing the ability of the virus to reproduce itself inside human cells, the drug is highly toxic and has serious side effects. Some drugs used in cancer control, such as Interferon, are also being tried with AIDS patients.

Societal Issues

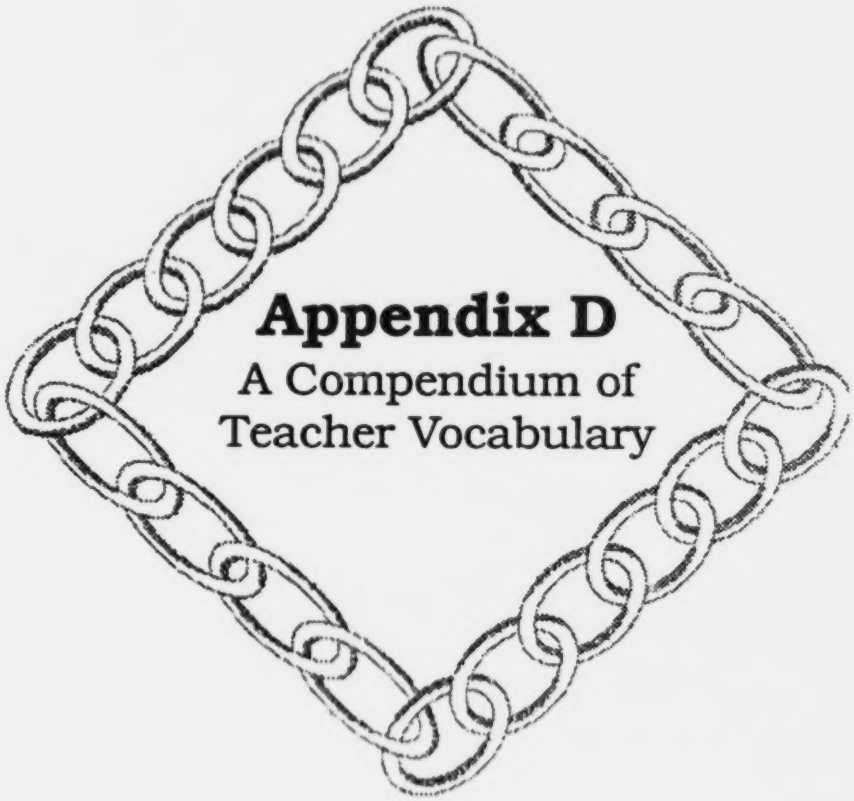
When a disease epidemic threatens society, the needs of all people must be considered: those already infected with the disease, those threatened by the disease, and those who will provide support for others.

In the past, once treatment or medical prevention for an epidemic infection was easily available, society sought to protect itself by providing information to as many people as possible through school-based courses and educational campaigns and, in some cases, by requiring mass strategies such as immunization (polio) or

premarital blood tests (syphilis).

As the number of AIDS cases mounts, this epidemic will have a significant and long-term impact on interpersonal and family relationships, medical care delivery, public policies, and health care resources. Because there is no available treatment, tremendous fears exist.

Education must be used to curb those fears that can lead to discriminatory behavior against people with HIV infection/AIDS. The rights of people with HIV infection/AIDS must be weighed and protected within the framework of disease prevention and with relation to the rights of those not infected.



Appendix D

A Compendium of Teacher Vocabulary

A Compendium of Teacher Vocabulary

Abstinence - No sexual intercourse, no IV drug use.

Acquired Immune Deficiency Syndrome - A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

Addiction - Habitual use of a substance (like tobacco, alcohol, or IV drugs) and inability to stop the craving for such a substance.

AIDS - The initials for the disease "Acquired Immune Deficiency Syndrome." A disease caused by a virus which breaks down the body's immune system, making it vulnerable to opportunistic infections and cancer.

AIDS virus (HIV) test - A test used to detect antibodies against the AIDS virus (HIV) in blood samples. This test does not detect AIDS but rather the presence of the antibodies against the virus that can cause AIDS.

Antibodies - Substances in the blood produced by the body's immune system to fight against invading organisms.

Antigen - A substance that stimulates the production of antibodies.

Asymptomatic - No apparent symptoms of illness even though the individual tests positive for HIV.

Birth - The act or process of being born.

Bisexual - A person who has sexual orientation for both males and females.

Blood transfer - The act of transmitting blood from one individual to another. In pregnancy it would occur between the mother and unborn baby through maternal/ fetal circulation.

Carrier - A person who harbors a specific infectious agent, in the absence of clinical disease, and serves as a potential source of infection.

Casual contact - The usual daily interaction between people at work, in school, or in social situations.

Communicable disease - A disease that is transmitted directly or indirectly from one person to another. It is caused by bacteria, viruses, and other organisms or their toxic

products.

Condom - A sheath used to cover the penis. Condoms come in a variety of materials. Latex rubber is the material that prevents penetration of HIV and does not break as easily as other substances.Used during sexual intercourse to prevent the transmission of semen, blood, or vaginal secretions and to protect against the AIDS virus (HIV).

Contaminated needle/works - A needle or works that has been previously used, with infected blood or blood particles left on the needle/works to be passed on to the next user.

Fetus - Unborn baby developing in the uterus after the end of the second month of pregnancy. Before eight weeks it is called an embryo.

Heterosexual - A person who has a sexual orientation to persons of the opposite sex.

HIV - The Human Immunodeficiency Virus. It causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Homosexual - A person who has a sexual orientation to a person of the same sex.

Host - Any person in whom an infectious agent can live and multiply.

Illegal drugs - Drugs that are obtained through illegal means or for illegitimate medical purposes.

Immune system - A body system that helps fight off invading organisms and disease.

Immunization - A method of producing resistance to an infectious disease, usually by vaccination or innoculation.

Incubation period - The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.

Infected partner - Individual in a sexual relationship or IV drug-sharing situation who is carrying the AIDS virus (HIV) in his/her body.

Infectious agent - An organism (virus, bacterium, etc.) that is capable of producing infection or infectious disease.

Intravenous drugs - Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.

Kaposi's sarcoma - A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as a blue-violet to brownish skin blotches or bumps.

Lymphocyte - A type of white blood cell that is produced in the bone marrow. Some of these cells are called T-cells, others are called B-cells. The B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people, about 60 percent of circulating lymphocytes are helper T-cells. In a person with AIDS, about two percent of the lymphocytes are helper T-cells. With fewer helper T-cells, the body is unable to recognize and attack invading organisms.

Method of entry - Manner in which organisms enter the host's body.

Method of escape - Manner in which an infectious agent exits the host's body.

Mode of transmission - Manner in which an infectious agent is transmitted from one person to another.

Monogamous - Having sexual intercourse with only one individual over a very long period of time.

Needles and works - Devices used to prepare and inject drugs directly into a vein and thus into the bloodstream.

Noncommunicable disease - A disease that is not transmitted from person to person.

Opportunistic infection - An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

Organism - Any living thing, such as a virus, a bacterium, etc.

***Pneumocystis carinii* pneumonia** - The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, *Pneumocystis carinii*.

Pregnancy - The condition of having a developing embryo or fetus in the body.

Risk factor (for HIV) - Activity that makes a person more susceptible or more likely to be exposed to the AIDS virus (HIV).

Semen - The fluid that is expelled from the penis during sexual activity.

Sexual abstinence - Not having sexual intercourse with another person.

Sexual intercourse - Physical contact between individuals that involves the stimulation of the genitalia. Specifically: vaginal intercourse (penis/vagina), oral intercourse (mouth/penis or mouth/vagina), and anal intercourse (penis/rectum).

Spectrum - A range of factors associated with HIV infection or a range of outcomes.

Susceptible host - A person not possessing sufficient resistance against a particular organism to prevent contracting the infection when exposed to the organism.

T-Cells - A class of lymphocytes that play a major role in carrying out the activities of the immune system. Some T-cells are called helper T-cells.

Transmission - The passing of infectious agents from one person to another.

Uterus (womb) - Hollow, muscular, pear-shaped organ in females in which the unborn baby develops.

Vaginal secretions - Fluids within the vaginal tract.

Virus - A microscopic organism that can cause infections.

Appendix E

AIDS Regional Training Centers

New York State Regional AIDS Education Training Centers

Western New York
Gary McCunn
Diane Knight

Erie 1 BOCES
Instructional Development Center
591 Terrace Boulevard
DePew, NY 14043
(716) 684-2262

Serving schools in the counties of: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Seneca, Steuben, Wayne, Wyoming, and Yates.

Central New York
Jane Guiles
Emily Sharp, Eileen Ponto

Onondaga-Cortland-Madison BOCES
P.O. Box 4754
Syracuse, NY 13221
(315) 433-2627, 433-1533

Serving schools in the counties of: Broome, Cayuga, Chenango, Chemung, Cortland, Delaware, Herkimer, Jefferson, Lewis, Madison, Oneida, Onodaga, Oswego, Otsego, Schuyler, Tioga, and Tompkins.

Northern New York
Alan Oliver
Cathy Welling

Albany-Schoharie-Schenectady BOCES
Regional Planning Center
47 Cornell Road
Latham, NY 12110
(518) 786-3211

Serving schools in the counties of: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Washington, and Warren.

Lower Hudson Valley New York
Kenneth L. Packer
Kate L. Lampel

Regional Health Education Center
BOCES
Yorktown Heights, NY 10598
(914) 245-2700

Serving schools in the counties of: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.

Long Island New York
Mary Benedict

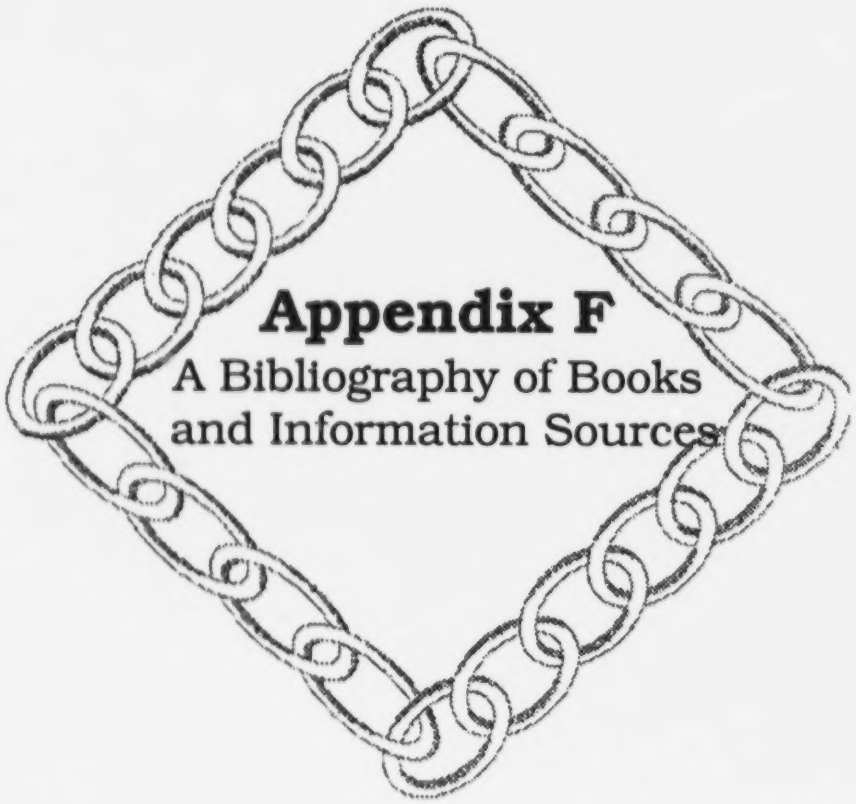
Suffolk 3 BOCES
Long Acre School
Sarina Drive
Commack, NY 11725
(516) 543-0531

Serving schools in the counties of: Nassau and Suffolk.

New York City
Gerri Abelson
John Torres
Dolores Cozier, Glen Robinson, Jody Stoll

New York City Board of Education
Office of Health, Physical Education
and School Sports
347 Baltic Street
Brooklyn, NY 11221
(718) 935-4140

Serving schools in the boroughs of: Bronx, Brooklyn, Manhattan, Queens, and Staten Island.



Appendix F

A Bibliography of Books and Information Sources

AIDS: A BIBLIOGRAPHY OF BOOKS AND INFORMATION SOURCES

o Prepared by the Westchester Library System's Office of Special Services, and reviewed by the Regional AIDS Education Coordinators, this bibliography presents some of the materials currently available about AIDS. All titles listed may be found either at your local library or obtained through your local Library's Interlibrary Loan Service.

o Any materials that are being considered for use in the classroom or school library should be previewed and selected based on their appropriateness within that school community.

o This bibliography also indicates books available for preview at the Regional Health Education Center (located on the Putnam/Northern Westchester BOCES campus in Yorktown Heights, NY) and books especially suited for a high school audience. Call numbers are given when available.

Key to Symbols:

* Book is available for preview at the **Regional Health Education Center** (Putnam/Northern Westchester BOCES, Yorktown Heights, NY)

\# Book especially suitable for **high school audience**

o For help in obtaining additional information, contact your local library.

o **Please Note:** Literature and resources about AIDS are being added to and changed daily, making it almost impossible to compile a single, up-to-date bibliography. New information is always available.

o **Also Note:** Most books listed were written before 1988, therefore, they still use the term "ARC". Some may also give old statistics about HIV infection and AIDS related fatalities. Students will need to understand the changes in terms, information, and data.

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BOOKS

* **AIDS: A SELF-CARE MANUAL.** *Edited by Betty Clare Moffatt, et.al. IBS Press, 1987.*
A handbook of advice on psychological and physical health, preventive and precautionary measures, and business affairs for both persons infected by HIV and those who care for them personally as well as professionally. [616.97]

* **AIDS AND THE LAW: A GUIDE FOR THE PUBLIC.** *Edited by Harlan Dalton and Scott Burris. Yale University Press, 1987.*
A comprehensive look at the legal issues raised by the AIDS epidemic. [344.73]

* **AIDS: FACTS AND ISSUES.** *Edited by Victor Gong and Norman Rudnick. Rutgers University, 1986.*
Examines the psychological, social, legal, and spiritual ramifications of the epidemic and includes 25 essays on health care, social welfare, education and law, a glossary of medical terminology, as well as a list of national and state health resources.[616.97]

Altman, Dennis. **AIDS IN THE MIND OF AMERICA.** *Doubleday/Anchor, 1986.*
The Australian gay liberationist compares political and social reactions to AIDS in several countries as he examines how the malady's identification with American gay men seriously impaired early efforts to deal with it.

Baker, Jane. **AIDS: EVERYTHING YOU MUST KNOW ABOUT THE KILLER EPIDEMIC OF THE '80s.** *R&E Publishers, 1986.*
Examines AIDS, its symptoms, causes, prevention, possible cures, insurance problems, etc.

Coulter, Harris. **AIDS AND SYPHILIS - THE HIDDEN LINK.** *North Atlantic Books, 1987.*
Considers the evidence that syphilis weakens the immune system enabling the AIDS - associated virus, HIV, to destroy the system.

Fortunato, John E. **AIDS: THE SPIRITUAL DILEMMA,** *Harper and Row, 1987.*
Shows how to transcend the AIDS crisis through spirituality.

Hancock, Graham and Carim, Enver. **AIDS: THE DEADLY EPIDEMIC.** *David & Charles, 1987.*
A global report on AIDS and its impact on the nations of the world.

Hoffman, Alice, **AT RISK.** *Putnam, 1988.*
Novel of a family singled out for grief. The 11 year old daughter tests positive for AIDS contracted from a blood transfusion. In detail, Hoffman depicts the effects of her

illness on the members of the family.

Coleman, Warren. **UNDERSTANDING AND PREVENTING AIDS.** *Chicago, Childrens Press, 1988.* [616.9792]

Hudson, Rock and Davidson, Sarah. **ROCK HUDSON: HIS STORY**. *AVON, 1987.* Details the movie actor's battle with AIDS.

Hunt, Morton. **GAY: WHAT YOU SHOULD KNOW ABOUT HOMOSEXUALITY.** *Farrar, Straus & Giroux, 1987.*
Examines the gay community since the onset of AIDS and discusses why AIDS is linked to homosexuality. Also, explains "safe sex". **(Appropriate for young adults)**

* Hyde, Margaret O. and Forsyth, Elizabeth, H. **AIDS: WHAT DOES IT MEAN TO YOU?** *Walker & Co., 1987.*
Dispels misconceptions about AIDS and presents information on cause, associated opportunistic infections, and transmission, along with insights into the practical and emotional cost on its victims. **(Appropriate for younger readers)** [616.9792]

* Hyde, Margaret O. and Forsyth, Elizabeth, H. **KNOW ABOUT AIDS** *Walker & Co., 1987.* [616.9792]

Institute of Medicine/The National Academy of Sciences. **CONFRONTING AIDS: DIRECTIONS FOR PUBLIC HEALTH, HEALTH CARE, AND RESEARCH.** *National Academy Press, 1986.*
Delves into the complex medical, social, ethical, financial and research problems arising from AIDS.

* Jacobs, George and Kerrins, Joseph. **THE AIDS FILE**. *Cromlech Books, 1987.*
Focuses on techniques for prevention and provides answers to frequently asked questions about AIDS. [616.97]

Kerr, M.E. **NIGHT KITES**. *Harper & Row, 1986.*
The brother of the protagonist of this young adult novel has AIDS; the books deals with the family's reaction to the disease. **(Appropriate for young adults)**

Kramer, Larry. **THE NORMAL HEART** . *NAL/Plume, 1985.*
The author-activist's autobiographical play dramatizes his role in founding the New York AIDS organization, Gay Men's Health Crisis, and his subsequent expulsion from it for being too confrontational toward a foot-dragging city administration. Voices most of the political and life-style issues AIDS has crystallized for gay men.

* Kubler-Ross, Elizabeth. **AIDS: THE ULTIMATE CHALLENGE.** *Macmillan, 1987.*
The author of On Death and Dying describes the psychological states of terminally ill AIDS patients and addresses the pathology of the syndrome. [616.9792]

* Langone, John. **AIDS: THE FACTS.** *Little Brown, 1988.*
Examines virus transmission, what co-factors may be involved in contracting the disease and possibilities for vaccine treatment. [616.97]

* Lerner, Ethan A. **UNDERSTANDING AIDS A PRACTICAL GUIDE.** *Lerner Publications, 1987.*
Examines virus transmission, what co-factors may be involved in contracting the disease, and possibilities for treatment. **(Appropriate for younger teenagers.)** [616.9792]

* Masters, William H. and others. **CRISIS: HETEROSEXUAL BEHAVIOR IN THE AGE OF AIDS.** *Grove, 1988.*
Controversial consideration of the spread of the disease. [616.9]

Moffatt, Betty Clare. **WHEN SOMEONE YOU LOVE HAS AIDS: A BOOK OF HOPE FOR FAMILY AND FRIENDS**. *NAL/Plume, 1987.*
The mother of an AIDS-afflicted gay man relates his and other AIDS patients stories and tells of her own recovery from cancer, offering inspiration to others in similar situations and hopeful enlightenment on daily living with debilitating sickness.

Monette, Paul. **BORROWED TIME: AN AIDS MEMOIR**. *Harcourt Brace Jovanovich, 1988.*
A chronicle of the death of Roger Horwitz, the author's beloved friend, who died of complications of AIDS in October, 1986.

Money, J.W. **TO ALL THE GIRLS I'VE LOVED BEFORE: AN A.I.D.S. DIARY.** *Alyson, 1987.*
The notes of a man dying of AIDS; memories of a most unusual life mixed with wry observations about his illness in an amusing and valiant last testament.

* Norwood, Chris. **ADVICE FOR LIFE: A WOMAN'S GUIDE TO AIDS RISKS AND PREVENTION**. *Pantheon, 1987.*
This National Women's Health Network guide discusses AIDS prevention and education for women, who form the fastest-growing risk group in America. Subjects covered include what medical tests do and do not show, who are the carriers, symptoms and disease patterns in women, how to talk with men about their past relations, and how mothers can talk to their children **(especially teenagers)** on the topic. [362.1]

* Nourse, Alan E. **AIDS.** *Franklin Watts, 1986.*
Explains the functioning of the immune system and how the HIV virus breaks it down, accompanied by necessary background on discovery and cause. **(Appropriate for young adults)** [616.9792]

* Nourse, Alan E. **YOUR IMMUNE SYSTEM**. *Franklin Watts, 1982.*
Provides an understanding of the immune system and how it functions. Good

background understanding for teens of how HIV attacks the body. [612.079]

Nungesser, Lon G. **AN EPIDEMIC OF COURAGE: FACING AIDS IN AMERICA** *St. Martin's Press, 1986.*
The author, an AIDS patient, talks to seven men with AIDS about the impact the disease has had on their lives and spirit and how they cope with it. He also interviews a lover, mother, brother, health care provider, and a friend about the crises suffered by those who love and work with people with AIDS.

O'Connor, Tom and Gonzalez-Nunez, Ahmed. **LIVING WITH AIDS: REACHING OUT.** *Corwin Publishers, 1987.*
O'Connor has lived with ARC for seven years and has investigated an astonishing array of conventional and alternative therapies. His is the most sensible, accessible, and balanced of several holistic health works on AIDS.

Peabody, Barbara. **THE SCREAMING ROOM: A MOTHER'S JOURNAL OF HER SON'S STRUGGLE WITH AIDS.** *Avon, 1987.*
A woman's account of her dedication to her terminally ill son and their last days together.

Pearson, Carol Lynn. **GOOD-BYE, I LOVE YOU: THE TRUE STORY OF A WIFE, HER HOMOSEXUAL HUSBAND - AND A LOVE HONORED FOR TIME AND ALL ETERNITY.** *Random House, 1986.*
An account by a Morman woman of how she and her children faced her husband's homosexuality and his subsequent death from AIDS.

Reed, Paul. **SERENITY.** *Celestial Arts, 1987.*
Gay men are the primary intended audience for this inspirational but strictly non-religious brief. Reed's advice on changing sexual attitudes and modifying lifestyles, however, may help anyone who is downcast about the end of the old-style, promiscuous sexual revolution.

Richardson, Diana. **WOMEN AND AIDS.** *Methuen/Pandora, 1987.*
Answers medical and social questions about AIDS risks for women, special issues regarding lesbians and AIDS, rape and AIDS, how the government policy on AIDS affects women and more. Includes interviews with women who have AIDS or care for AIDS patients.

*Shilts, Randy. **AND THE BAND PLAYED ON: POLITICS, PEOPLE, AND THE AIDS EPIDEMIC.** *St. Martin's, 1987.*
Chronicle of the five-year political, scientific, and social battle to force government, the medical and blood-bank establishments, the news media, and gay men to take AIDS seriously. Written in exciting, novelistic style by a reporter who has covered AIDS since 1981. **(Of historical interest. May be overwhelming to some high school students.)** [362.1]

*Silverstein, Alvin and Silverstein, Virginia **AIDS; THE DEADLY THREAT.** *Enslow, 1986.*
Documenting AIDS as a problem of international scope, the authors offer both medical and humanistic perspectives on the syndrome, including discussion of several of the ethical dilemmas AIDS has prompted. **(Appropriate for young adults)** [616.9792]

WHAT TO DO ABOUT AIDS: PHYSICIANS AND MENTAL HEALTH PROFESSIONALS DISCUSS THE ISSUES. *Edited by Leon McKusick. University of California Press, 1986.*
Incorporates medical and mental health information into a health science overview of the epidemic. Clinical psychology, psychiatry, nursing, social work, and patient counseling are examined.

Whitemore, George. **SOMEONE WAS HERE: PROFILES IN THE AIDS EPIDEMIC** *NAL Books/New American Library, 1988.*
A novelist explores the impact of AIDS on the lives of the members of a family.

INFORMATION SOURCES

HOTLINES

AIDSline	**914-993-0607**
National AIDS Hotline (information & referral)	**800-342-AIDS (tape)**
National Gay Task Force AIDS Hotline	**800-221-7044**
New York City AIDS Hotline (English & Spanish)	**718-485-8111**
New York City Gay Task Force AIDS Hotline	**212-807-6655**
New York State AIDS Hotline (English & Spanish)	**800-541-AIDS**
Pediatric & Pregnancy AIDS Hotline	**212-430-3333**

Resources for More Information and/or Counseling

The following is a sample listing of available resources. Please review your own community for others.

Telephone Hotlines (Toll-Free)

Public Health Service AIDS Hotline
1-800-342-AIDS

New York State Department of Health AIDS Hotline
1-800-541-AIDS

Information Sources

U.S. Public Health Service
Public Affairs Office
Hubert H. Humphrey Building
Room 725-H
200 Independence Avenue, SW
Washington, DC 20201

AIDS Institute
Education and Training
New York State Department of Health
Corning Tower - 25th Floor
Empire State Plaza
Albany, NY 12237
(518) 473-7924

American Red Cross
AIDS Education Office
1730 D Street, NW
Washington, DC 20006
(202) 737-8300

Hemophilia Foundation
104 East 40th Street
New York, NY 10016
(212) 682-5510

New York City

Department of Health: AIDS Information
Questions about HIV, about AIDS, and about being at risk
(718) 485-8111

New York State HIV Counseling and Testing

For free, confidential counseling, testing, and referrals, call a regional hotline and ask for an HIV counselor or a State health investigator.

Albany area (518) 457-7152
Buffalo area (716) 847-4520
Nassau area (516) 535-2004
New Rochelle area (914) 632-4133 Ext. 439
Rochester area (716) 423-8081
Suffolk area (516) 348-2999
Syracuse area (315) 428-4736

Community Service Programs in New York State

For free, confidential assistance, call regional area programs.

AIDS Council of Northeastern NY
Albany (518) 445-AIDS

Western NY AIDS Program, Inc.
Buffalo (716) 881-AIDS

Long Island Association for AIDS Care, Inc.
Nassau and Suffolk Counties (516) 385-AIDS

AIDS-Related Community Services
Westchester County (914) 993-0607

AIDS Rochester, Inc.
Rochester (716) 232-4430

Central NY AIDS Task Force
Syracuse (315) 475-AIDS

Southern Tier AIDS Task Force
Binghamton (607) 723-6520

Hemophilia Foundation
NYC (212) 682-5510

Montefiore Hospital
Bronx (212) 920-4017

Pediatrics and Pregnant Women

Albert Einstein College of Medicine
(212) 430-3333

Drug-Related Issues

New York State Division of Substance Abuse Services
1-800-522-5353

Urban Resource Institute
Brooklyn (718) 852-8042

Beth Israel
NYC (212) 420-2650

This is a sample listing of available resources. Please review your own community for others.